T. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A

0019

| | PLACE OF DEATH | STATE OF MARYLAND |
|----------------------------------|--|--|
| | Ment. | CERTIFICATE OF DEATH |
| Villa | ge or City Mar Galeria (No. 1) 2 FULL NAME Hilsey Spenker | Registration Dist. No. [If death occurred a hospital or institution give its NAME loster of street and oumber.] |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX | 4 COLOR OR RACE Single, Married, WIDOWED, ORDIVORCED (Write the word) | (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from |
| 6 DATE | OF BIRTH (Month) (Day) (Year) | that I last saw h alive on 24 , 1914 |
| 7 AGE | If LESS than 1 day,hrs. ORmin. ? | and that death occurred on the date stated above, at m The CAUSE OF DEATH* was as follows: |
| (a) Trad particula (b) Gen | PATION le, profession, or ar kind of work eral nature of industry, | Brownia menina |
| which er | , or establishment in mployed (or employer) | Contributory (Duration) yrs mos ds |
| (State | or country) Manyland | (Secondary) (Deration) yrs mos ds |
| | NAME OF FATHER Dudley Claugh | (Signed) Ger Pares, M. D. Jan P. 191 4 (Address) Galunger 2nd |
| M | OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER | *State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. |
| 13 | BIRTHPLACE OF MOTHER State or country) | 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the ot death yrs, mcs ds. State yrs, mcs ds Where was disease contracted. |
| | mant) KNOWLEDGE | If not at place of death? Former or usual residence. |
| 15 Filed | (Address) Taruna Ma. 191 Graffith REGISTRAR 18 graffith REGISTRAR 18 graffith Registrar | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL JAMES 1913. 20 UNDERTAKER ADDRESS Solts Kent lead ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1. |

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers statement. material worked on may form part of the second it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b)
Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not minc, etc. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causino death—Name, first, the disease causino death—Name, first, the disease causino disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcinosis of lungs, meninges, pertionaeum, etc.. Carcinosis

mus," "Old Age," "Shock," "Uraemia," "Weakness," oma. Surcoma. etc., of injury, as fracture of skuil, and consequences (e. g., sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "Puerperal peritonitis," etc. State cause for cbildbirth or miscarriage, as "PUERPERAL scptichacetc., when a definite disease can be ascertained as the -H art failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencia "Contributory." by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis is less definite; avoid use of "Tumor" for mailg The contributory (secondary or Intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," (name origin; "Can The nature of the "Exhaustion," Never report Examples: For vio-



| PLACE OF DEATH 698 | STATE OF MARYLAND |
|---|---|
| County Kens | CERTIFICATE OF DEATH |
| | Registration Dist. No. 200 |
| Village or City Millinghon. | St.; Ward) [If death occurred is a hospital or institution give its NAME instead of street and number.] |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) | 16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY ERTIFY, That attended deceased from |
| DATE OF BIRTH Loc 3 , 1913 (Month) (Day) (Year) | that I last saw h 2 ally on 2 3 ,1914. |
| 7 AGE if LESS than t day, hrs. mos, 23 ds. OR min. ? | and that death occurred on the date stated above, at |
| © OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishmont in which employed (or omployer) | (Duration) yrs. mos. / ds. |
| 9 BIRTHPLACE (State or country) MA: | Gontributory (Secondary) (Doration) yrs. mos. ds. |
| 10 NAME OF George megys | (Signed) Punto Bric, M. D. Om 24, 1914 (Address) Millington |
| In BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER | *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. |
| OF MOTHER Many Milmore 13 BIRTHPLACE OF MOTHER (State or country) MA | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place In the of death yrs mos ds. |
| (Informant) Le orga Connegue | Where was disease contracted, If not at place of death? Former or usual residence |
| (Address) Bullington | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL L. 24 |
| Filed 191 REGISTRAR | Jahres Smit Jullingto |
| If mere blanks are needed, address State Regist | rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1. |

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative leaithfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causino death—Name, first, the disease causino death—Name, first, the disease causino described the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc., Carcin-

sepsis, tetanus) may be stated under the head of ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage, as "PULBPERAL septicharmus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), ture of the American Medicai Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. oma. Surcoma. etc., of dent; Revolver wound of head-homicide; Potsoned LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.: valvular heart disease; Chronic interstitial nophritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin: "Can The nature of the Examples: For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

| Village or City Millington (No. 12) | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred a hospital or institution give its NAME instead of street and nomber.] |
|--|--|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED ORDIVORCED (Write the word) 8 DATE OF BIRTH (Month) (Day) (Year) | 16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 9 191 4, to 9 9 191 4 that I last saw h Assaulte on 9 191 4 |
| TAGE If LESS than 1 day,hrs. ORmin.? COCCUPATION (a) Trade, profession, or particular kind of work. | and that death occurred on the date stated above, at 2 Pm The CAUSE OF DEATH* was as follows: |
| (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) | Contributory (Secondary) |
| 10 NAME OF FATHER Denge Omegy 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) | (Signed) |
| (Informant) (Address). (Addr | Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL ADDRESS JOHN SCHOOL ADDRESS ADDRESS ADDRESS |
| If more blanks are needed, address State Registrar | , 6/E. Franklin St., Balto., Requesting V. S. No. 1. |

[Approved by U. 8. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons causing pears, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or indust; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. tion is very important, so that the relative wealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," The question "Foreman,"

Statement of cause of death—Name, first, the dibease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphihoria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinology

childbirth or miscarriage, as "Purperal scotichac-"Heart failure," "Haemorrhage," "Inanition," "Maras cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." sepsis, tetanus) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis eer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," (name origin; "Can "Exhaustion," Never report Examples: cause for For viod8.



Y. B. No. 1.

| | | s very |
|--------------|---|---|
| | | should NOI |
| | RECORD | PHYSICIANS should st |
| | ERMANENT | ted EXACTLY. Exact statement |
| | A | e sta |
| | AK-THIS IS | AGE should by properly classiff. |
| | WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD | N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. |
| | WITH | erms, so back of |
|) | TE PLAINLY. | Every item of information should be carefully sur CAUSE OF DEATH in plain terms, so that it ma important. See instructions on back of certificate. |
| | WRI | em of OF D |
| Y. B. No. 1. | | CAUSE Importar |
| | | Z e |

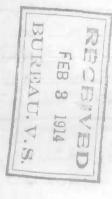
| PLACE OF DEATH | STATE OF MARYLAND CERTIFICATE OF DEATH |
|--|---|
| County Allt | 9/1/ |
| To a the the | Registration Dist. No. |
| Village or City len Chester & (Nov.) M | St.; Ward) a hospital or lostilution, give its NAME instead |
| FULL NAME & Hdia 116 | orly ef street and number.] |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RAGE MARRIED, WIDOWED, WIDOWED, Write the word) | (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from |
| ODATE OF BIRTH April 17, 1826 | Mar 10 1913 to 120 , 1914; that I last saw her allye on Jan 19 1914 |
| (Month) (Day) (Year) 7 AGE If LESS then | and that death occurred on the date stated above, at // Pm. |
| 87 yrs. 9 mos. 8 ds. ORmin.? | The GAUSE OF DEATH * was as follows: |
| BOCCUPATION (e) Trade, profession, or particular kind of work. (b) General nature of Industry, | arferio Iclinacio |
| business, or establishment in which employed (or employer) | (Doration) yrs. mos. ds. |
| State or country) New Hampshere | Gentributory (Secondary) (Duration) yrs mes ds. |
| 10 NAME OF JAMANIAES Lleason | (Signed) A Denge Simmon M. D. |
| D 11 BIRTHPLACE OF FATHER (State or country) | *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT |
| M 12 MAIDEN NAME OF MOTHER | CAUSES, State (1) MEANS OF INJURY; and (2) whether Acciden- TAL, SUICIDAL, OF HOMICIDAL. |
| 13 SIRTHPLACE OF MOTHER (State or country) See Hampshere | 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the contract description of death yrs, mos, ds. |
| (Interment) Add A Coref | Where wes disease contracted, It not et plece et death? Former er usual residence |
| (Address) Norton Kent Roma F. D. | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| Filed Jours 4 9 , 1914 & March REGISTRAR | 20 UNDERTAKER ADDRESS |
| If more blanks are needed, address State Registrat | r, 6 E. Franklin St., Balto., Requesting V. S. No. 1. |

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-fication, as Day laborer, Farm laborer, Laborer—Coal material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. should be taken to report specifically the occupations galnfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has

Statement of cause of death—Name, first, the disease causing death—In all extrement of cause of death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinospinal cause of lungs, etc., Carcinospinal cause of lun

chlidbirth or miscarriage, as "PUTEPTERAL septichac mus," "Oid Age," "Shock," "Uraemla," "Weakness," cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Hart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," thenla," "Anaemia" (merely symptomatic), "Atrophy." affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." sepsis, tetanus) dent; Revolver wound of head-homicide; Polsoned LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 valvular heart disease; Chronic interstitlal nephritis zer" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of "Convulsions," "Debility" ("Con-"Dropsy," "Exhaustion," (name origin; "Can The nature of the Never report Examples: For VIO-



MARGIN RESERVED FOR BINDING

SICIANS should occupation is RECORD PERMAN S C AG pro pe supplied UNFADING may carefully a b that it i f certificate ō should pial 드 EATH OD oF OF Every Item CAUSE OF Important,

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County Registration Dist. No 202 Ilt death occurred in Village or City St.:....Ward) a hospital or institution. give its NAME instead of street and number.] ² FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, (Month) (Day) (Year) (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH that I last saw h......alive on..... (Year) (Month) (Day) 7 AGE if LESS than and that death occurred on the date stated above, at 1 day,hrs. OR ? SOCCUPATION (a) Trade, protession, or particular kind of work... (b) General nature of industry, business, or establishment in (Duration)yrs....mos.... which employed (or employer) -----Contributory 9 BIRTHPLACE (Secondary) (State or country) (Duration) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE 5 19136 (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death yrs. mos. ds. State yrs. ____ mcs. ___ ds. Where was disease contracted. If not at place of death?. Former or (informant) --usual residenca 19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, pertionacum, etc.. Carcin-

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichac mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencia sepsis, tetanus) injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vjocause. etc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Mara" thenia," "Anaemia" (mereiy symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report "Contributory." dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-"Collapse." "Coma," "Convuisions," "Debility" ("Con mere symptoms or affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Surcoma. etc., of mant neopiasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Meastes (disease causing Always qualify all diseases resulting from "Senile," etc.), "Dropsy," may be stated under the head (Recommendations on statement of terminal conditions, such as "As-(name origin; "Can death), 29 "Exhaustion, Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 4 1914
BUREAU.V.S.

state Very CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION is Ilf death occurred in St:....Ward) a hospital or institution. give its NAME instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement RMANENT 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. ORDIVERCED (Write the word) 17 I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH ... 1914 , to Jean 19 that I last saw har allve on Jour 19 1914 classified. (Day) pe If LESS than 7 AGE 1 day,hrs. about The CAUSE OF DEATH * was as follows: OR ? 8 OCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry, business, or establishment in O may which employed (or employer) DIN Contributory... certificate. 9 BIRTHPLACE (Secondary) (State or country) = that 10 NAME OF FATHER 0 2.1914 (Address) Cases 11 BIRTHPLACE terms. L OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-2 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. piain 4 OF MOTHER information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE 2 At place In the OF MOTHER 7 of death yrs. mos. ds. (State or country) State yrs. mcs. of inform DEATH Where was disease contracted. If not at place of death?... OF Item usual residenca Every Item CAUSE OF Important. DATE OF BURIAL 20 UNDERTAKE ADDRESS 0 REGISTRAR ż if more blanks are needed, address State Registrar, 6 E. Granklin St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise.specistatement. material Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is necthe nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, (b) If retired from business, that fact may be indiworked on may form part of the second Women at home, who are engaged in the Never return "Laborer," "Foreman," The

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease.); Tubercumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skuil, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichae-Accidental drowning; Struck by railway train-acct-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma, etc., of __ The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of __ (name origin; "Can-For VIO-



PHYSICIANS should state of OCCUPATION is very St.:...Ward) RECORD PERSONAL AND STATISTICAL PARTICULARS FNI statemen 18 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, PERMAN WIDOWED, BINDING (Month) ORDIVORCED (Write the word) 8 DATE OF BIRTH (Month) (Day) (Year) If LESS than 7 AGE classi should 1 day,hrs. OR 7 properly BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, supplied. be business, or establishment In may which employed (or employer) certificate. 9 BIRTHPLACE (State or country) (Secondary) 1 that C 10 NAME OF FATHER (Signed) 80 jo ARGIN back 11 BIRTHPLACE terms, ARENT OF FATHER (State or country) should 00 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, plain OF MOTHER instructions OR RECENT RESIDENTS) 13 BIRTHPLACE 2 At place In the OF MOTHER (State or country) of death yrs. mos. ds. EATH Where was disease contracted. If not at place of death?ō 0 Former or OF usual residence. mportant. Every It 19 PLACE OF BURIAL 15 20 UMDERTAKER REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH 404

Registration Dist. No.20

fif death occurred in a hospital or Institution, give its NAME instead of street and oumber.]

MEDICAL CERTIFICATE OF DEATH CERTIFY. That I attended deceased from and that death occurred on the date stated above, a *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, State _____ yrs. ____ mos. DATE OF BURIAL

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.). For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has "Foreman,"

losts of lungs, meninges, peritonacum, etc. pneumonia"); Lobar pneumonia; Bronchopneumonia "Croup"); brospinai fever (the only definite synonym is term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to ("Pneumonia," unqualified, is indefinite); Tubercu-Statement of cause of death-Name, first, the DISEASE meningitis"); Diphthcria Typhoid fcvcr (never report "Typhoid "Epidemic cere-(avoid use of Carcin-

> childbirth or miscarriage, as "Purrereal scotichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Urnemia," "Weakness." "Collapse." "Coma," "Convuisions," "Debility" \"Convalvular heart disease; Chronic interstitial nephritis cause of death approved by Committee on Nomencia sepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for -Hart failure," "Haemorrhage," "Inanition," "Mara" thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Mcastes (disease causing death), 29 affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of ture of the American Medicai Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify aii diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin: "Can "Exhaustion," Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED FEB 8 1914 BUREAU. V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back f certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

| Ounty Test County Village or City Arafas (No. | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No |
|--|---|
| FULL NAME Parti Shiel | a hospital or institution, give its NAME instead of street and number.] |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| MARRIED, WIDOWED, WILLIAM OR DIVORCED (Write the word) | 16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CENTIFY, That I attended deceased from |
| 6 DATE OF BIRTH (Month) (Day) (Year) | that I last saw h Lin alive on face 14 1914 |
| 7 AGE It LESS than 1 day,hrs. ORmin.? | and that death occurred on the date stated above, at 120 pm, The CAUSE OF DEATH* was as follows: |
| © OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in | Chronic Sutinstitish Hephritis (Buration) 2 yrs. mos. ds. |
| which employed (or employer) BIRTHPLACE (State or country) | Contributory (Secondary) (Duration) yrs mos ds. |
| 10 NAME OF FATHER SUPEL HUMAN SCRIPPLING 11 BIRTUPLACE ORFATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAID | (Signed) |
| of MOTHER MANY MULANUTY | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death |
| (Informant) Staying Graffill | Where was disease contracted, It not at place of death? Former or usual residence. |
| (Address) Shartfund ! Wh | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| Filed 191 Farry Griffith REGISTRAR | 20 UNDERTAKER ADDRESS Smidellelown |
| If more blanks are needed. address State Regis trar, 6 | |

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Heme, and children, not who receive a definite salary), may be entered as mine, elc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In always the same accepted to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cerchrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Debumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

-Hart failure," "Haemorrhage," "Inanition," "Maras ture of the American Medical Association.) cause of death approved by Committee on Nomencla scpsis, tctanus) Injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichae etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convuisions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of _ "Contributory." Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory "Old Age," "Shock." Always qualify all diseases resulting from "Senile." etc.), may be stated under the head (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," "Traemia," "Weakness," (name origin; "Can death), 29 ds. Examples:



W. B. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

| PLACE OF DEATH | STATE OF MARYLAND |
|--|---|
| 1 Accord | CERTIFICATE OF DEATH |
| County A P A | Registration Dist. No.202 |
| Village or City Chestertown (No. 144 | St.; Ward) [It death occurred in a hospital or institution, |
| 1, 11/1 | give its NAME instead |
| mid to Nada | as street and oumber.] |
| FULL NAME 1/100 | |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, | 16 DATE OF DEATH |
| HIMIAR WILL (WINDOWED, ORDINARED (Write the word) | (Month) (Day) (Year) |
| | I HEREBY CERTIFY, That I attended deceased from |
| B DATE OF BIRTH | NCC 2005, 1913, to M. J. 1914, |
| (Month) (Day) (Year) | that I last saw her allve on Jan Star 1914 |
| 7 AGE It LESS than | and that death occurred on the date stated above, at 2 9 m. |
| 1 day,hrs. | The CAUSE OF DEATH* was as follows: |
| yrsds. ORmin. ? | Menneate |
| 8 OCCUPATION (a) Trade, protession, or | |
| particular kind of work | |
| (b) General nature of Industry, | Sincag |
| business, or establishment in which employed (or employer) | (Duration) yrs mos cs. |
| 9 BIRTHPLACE | (Secondary) |
| (State or country) Vent lev. Ma. | (Secondary) (Deration) yrs mos / ds. |
| 10 NAME OF STATE STATE OF ANDREWAY | (Signed) Anaface, M. D. |
| 11 BIRTHPLACE | Jun Vth, 1914 (Address) Cheshotoron |
| State or country) Much lon Mid. | *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT |
| 2 12 MAIDEN NAME | CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN- TAL, SUICIDAL, OF HOMICIDAL. |
| of MOTHER Marian D. Teterson | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, |
| 13 BIRTHPLACE MALL POR MILE | At place In the |
| (State or country) / MM CO, MM. | ot death yrs mos ds. State yrs mcs ds. |
| 14 THE ABOVE STAVE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, It not at place of death? |
| (Informant) & Milly Les Hadaway | Former or |
| lichart to lemil | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| (Address) A LASSA SOUN. | Valente la tradante la Vac Ille |
| 16 0 . MT /1 /2 . | 29/UNDERTAKER ADDRESS |
| Filed Jan 6 :1914 W 1 - 0 - 100 CM | 29/UNDERTAKER ADDRESS |
| REGISTRAR . | And I was your |
| If more blanks are needed, address State Registra | ar, CE. Franklin St., Balto., Requesting V. S. No. 1. |

CTATE OF MADVI AND

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekcepers (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry; and therefore an who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who receive a definite salary), may be entered as mine, etc. Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has The question "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Tubercupeumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "PUEBPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaccause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness, -Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. nant ncoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of The contributory Mcasles (disease causing death), 29 Always qualify all diseases resulting "Senile," etc.), (Recommendations on statement of "Convulsions," "Debility" ("Con-(secondary or intercurrent) "Dropsy," (name origin; "Can "Exhaustion, Never report Examples: For viods. :



W. S. No. 1.

| | | state |
|-----|---|---|
| | | should si NOI |
| | RECORD | PHYSICIANS of OCCUPAL |
| | WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD | N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. |
| | A PE | e state |
| | IS IS | hould b |
| | NK-TH | . AGE s properly |
| | DING | supplied may be |
| | UNFAI | -Every item of information should be carefully sur CAUSE OF DEATH in plain terms, so that it ma Important. See instructions on back of certificate. |
| | WITH | rms, so back of |
| | NLY, | on shot |
| | PLAI | formation in presented |
| | VRITE | F DEA |
| | - | USE O |
| *** | | B.—Ev |
| | | ż |

| 1 PLACE OF DEATH 706 | STATE OF MARYLAND |
|--|---|
| County Kent | CERTIFICATE OF DEATH |
| 0 0 | Registration Dist. No. 20/ |
| Village or Citymear Lynch (No. | St.; Ward) [If death occurred in a hospitat or institution, give its NAME instead |
| * FULL NAME May Hodge | of street and nomber.] |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| SEX 4 COLOR OR RACE MARRIED, Sugle Widowso, OR DIVORCED (Write the word) | 16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended deceased from |
| STATE OF BIRTH SLAT 1902 (Year) | that I last saw h 12 alive on 1914, |
| 7 AGE If LESS than | and that death occurred on the date stated above, at H m, |
| yrs. 4 mos. ds. ORmin. ? | The CAUSE OF DEATH * was as follows: |
| GOCCUPATION (a) Trade, profession, or particular kind of work. | Tapplaid Flever |
| (b) Genoral nature of Industry, business, or establishment in which employed (or employer) | (Ouration) yrs. / mos. Lt. ds. |
| State or country) Kent Co Ma | (Secondary) (Deration) yrs. mos 2 ds. |
| 10 NAME OF Source of October | (Signed) Jas W. Clric, M. D. |
| 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER | State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN- |
| MY OF MOTHER Sag Brown | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSJENTS |
| 13 BIRTHPLACE OF MOTHER (State or country) Mary land | At place In the of death yrs mos ds. State yrs mos ds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of death? |
| (Interment) Cours Hoolges | Former or usual residence |
| (Address) Reum cly will Pr. 1-12- | 19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL |
| Filed Jany 29 1914 Delliam Park Local REGISTRAR | 20 UNDERTAKER ADDRESS ADDRESS |

1f more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry; and therefore an Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. mine, etc. statement. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," The question "Foreman,"

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "PUERPERAL peritonitis," etc. State cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. childbirth or miscarriage, as "PUERPERAL scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. ture of the American Medical Association.) "Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," may be stated under the head (Recommendations on statement of etc.), "Dropsy," (name origin; "Can "Exhaustion, Examples: cause for



ż

| | B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. |
|---|--|
| | 1 m |
| | Sho |
| Q | IPA |
| OR | SICI |
| REC | of G |
| Ļ | Y. I |
| <u>H</u> | CTL |
| MA | EXA |
| ER | Xac |
| 4 | d. E |
| S | l be |
| S | clas |
| E | a y |
| X | AGI |
| Z | be d. |
| S | sy is |
| ADI | ly su |
| Z | hat brtiff |
| ח | So the |
| Ė | be 1s, 1 |
| 3 | term n ba |
| Ę | n si lain ns o |
| AI. | natio In pl |
| ٦ | TH |
| ITE | DEA' |
| WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD | -Every item of information should be carefully sui CAUSE OF DEATH in plain terms, so that it ma important. See instructions on back of certificate. |
| | SE SE |
| | CAU |
| | 1.0 |

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County..... Registration Dist. No... It death occurred in St .:Ward) a hospital or institution. give its NAME instead of street and number. 7 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, MANUEL (Month) (Day) Write the word) 17 I HEREBY CERTIFY, That I attended deceased from ATE OF BIRTH (Month) (Year) (Day) If LESS than 7 AGE and that death occurred on the date stated above, a 1 dayhrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of Industry. business, or establishment in which employed (or employer) -----SBIRTHPLACE Contributory (Secondary) (State or country 10 NAME OF FATHER 11 BIRTHPLACE A, 191. 4 (Address) inne ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country In the of death yrs. mos. State yrs. -Where was disease contracted. if not at place of death?. Former or usual residence BURIAL OR REMOVAL DATE OF BURIAL 191 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. tion is very important, so that the relative Lealthfuiwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) For many occupations a single word or term on the ness of various pursults can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death affection with respect to the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid demonda"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

LENT DEATHS state MEANS OF INJUSY and qualify as mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," ampie: Measles (disease causing death), 29 ds.: cause of death approved by Committee on Nomencla Injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of ___ ture of the American Medical Association.) "Contributory." mere symptoms or terminal conditions, such as "As The contributory tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

| r | PLACE OF DEATH 708 | STATE OF MARYLAND CERTIFICATE OF DEATH |
|------------------------------|---|---|
| C | ounty | h 1/ |
| v | illage or City Millington (No | Registration Dist. No |
| | FULL NAME Clizal Jones | of street and number.] |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 51 | Eurole White Single, Modow widowed, ORDIVORCED (Write the word) | 16 DATE OF DEATH (Month) (Day) (Year) |
| 8 D | Mod. 18, 1834 (Month) (Day) (Year) | That I last saw her alive on Day 18 1914 |
| 7 A | If LESS than f day,hrs. | and that death occurred on the date stated above, at m. The CAUSE OF DEATH* was as follows: |
| (a) | yrs. mos. ds. QR min. ? CCUPATION Trade, profession, or ricular kind of work | Labar Preumones |
| bus | General nature of industry, iness, or establishment in ich employed (or employer) | Contributory Pulmonary sedemo |
| (8 | RTHPLACE tate or country) | (Secondary) |
| | 10 NAME OF John Scout | (Signed) Arrbert Bales, M. D. |
| OF FATHER (State or country) | OF FATHER (State or country) | *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL SUSCIDENT OF HOWEVER ACCIDENT OF HOW |
| PAREN | 12 MAIDEN NAME Sarah Mlson | TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) |
| | 13 BIRTHPLACE OF MOTHER (State or country) | At place In the of death yrs mos ds. State yrs mos ds |
| | THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, If not et place of death? |
| | (Informant) | usual residence |
| 16 | (Address) (Mallerylon | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| FII | AN 20 1914 Julian Donn | 20 UNDERTAKER DE APPORESS 1 |
| | If more blanks are needed, address State Regis trar, 6 | E. Fanklin St., Balto., Requesting V. S. No. 1. |
| | | (fuer |

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfuiduties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of tungs, meninges, periionaeum, etc... Carcin-

such, if impossible to determine definitely. mia," "PUEBPEBAL peritonitis," etc. childbirth or miscarriage. as "Tuerperal scottichacetc., when a definite disease can be ascertained as the mus," -Hart failure," "Haemorrhage," "Inanition," "Maras genitai," "Senile." etc.). "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary). 10 ds. ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of _ cause of death approved by Committee on Nomencia scpsis, tetanus) may be stated under the head injury, as fracture of skull and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acct-ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viocause. ture of the American Medical Association.) "Contributory." Sarcoma. etc., of ______ (name origin; "Can-is less definite; avoid use of "Tumor" for mails. The contributory (secondary or intercurrent "Old Age," "Shock." 'Traemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion, State cause for Never report Examples:

If this certificate is looked over thoroughly and all quetions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fled.

FEB 4 1914

BUREAU, V.S.

BUKEAU, V.S.

1914

V. S. No. 1.

| YSICIANS should stat OCCUPATION IS VER | Village or City Coleman (No.) | CERTIFICATE OF DEATH Registration Dist. No. 20/ St.; Ward) St.; Ward) Fit death occurred a hospital or institute give its NAME institute of street and number. |
|---|--|--|
| PHYSICIAN | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Statemen | 3 SEX 4 COLOR OR RAGE MARRIED, MARVILL WIDOWED, WIDOWED, WIDOWED, WIDOWED, WITH the word) | 16 DATE OF DEATH 257, 1914 (Month) (Day) (Year) |
| stated EXAC | 6 DATE OF BIRTH (Month) (Day) (Year) | that last saw h. M. alive on |
| supplied. AGE should be amay be properly classified | TAGE OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Form Hand | and that death occurred on the date stated above, at The GAUSE OF DEATH* was as follows: Circumstrate Circu |
| carefully supplied that it may keep to certificate. | 9 BIRTHPLACE (State or country) Steet Co Mel | Contributory (Secondary) (Duration) yrs mos (Claret) |
| ion should be captain terms, so lons on back of | 11 BIRTHPLACE OF FATHER (State or country) Mouri land W 12 Maiden NAME OF MOTHER Wary. Perce | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) |
| m of information of DEATH in See Instruction | 14 THE ABOVE IS TRUE TO THE LEST OF MY KNOWLEDGE (Informant) | At place in the ot death yrs. mos. ds. State yrs. mos. dwhere was disease contracted, it not at place ot death? Former or usual residence |
| N. B.—Every item CAUSE OF Important. S | (Address) Warton R. J | 20 UNDERTAKER 19 PLACE OF BURIAL OR REMOVAL ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS |

709

STATE OF MARYLAND

PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," The question For persons "Foreman,"

losis of lungs, meninges, peritonaeum, etc.. pneumonla"); fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted causing prath (the primary affection with respect to ("Pneumonia," unqualified, is indefinite); Tubercu-"Croup"); Typhoid brospinal meningitis"); Diphtheria Statement of cause of death-Name, first, the DISEASE Lobar pneumonia; Bronchopneumonia fever (never report "Typhold (avoid use Carcin-

> genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Concause of death approved by Committee on Nomencla such, if impossible to determine definitely. mia," "PUERPEBAL peritonitis," childbirth or miscarriage, as "Puerperal scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Mara" affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mere symptoms or Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... The contributory (secondary or Intercurrent) Always qualify all diseases resulting Measles (disease causing death), 29 ds. "Senile," etc.), may be stated under the head (Recommendations on statement of terminal conditions, such as "As "Dropsy," "Exhaustion," etc. State canse for (name origin; "Can Examples: For vio-



No. 'n

state Very PHYSICIANS should of OCCUPATION IS RECORD PERSONAL AND STATISTICAL PARTICULARS PERMANENT EXACTLY. 4 COLOR OR RACE 5 SINGLE, 3 SEX MARRIED, (Write the word) 6 DATE OF BIRTH ciassifled. (Month) (Day) (Year) 7 AGE If LESS than should 1 day,hrs. -THIS properly BOCCUPATION AGE (a) Trade, profession, or NX particular kind of work supplied. (b) General nature of industry, business, or establishment in UNFADING which employed (or employer) csrefully sur that it ma f certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 80 0 WITH be back PARENTS 11 BIRTHPLACE terms, OF FATHER (State or country bluoda 00 PLAINLY, 12 MAIDEN NAME plain OF MOTHER Instructions Information 13 BIRTHPLACE = OF MOTHER (State or country See Instr WRITE 14 THE ABOVE IS ō CAUSE OF item Every 8 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1. ż

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St:Ward)

It death occurred in a hospital or institution, give its NAME Instead ot street and number.]

| 1 | |
|---|--|
| | MEDICAL CERTIFICATE OF DEATH |
| | 16 DATE OF DEATH (Month) (Day) (Year) |
| | 17 HEREBY CERTIFY, That I attended deceased from Miller Comp., 191 to Miller Comp., 191 that I last saw hallow on 191 191 191 191 191 191 191 191 191 19 |
| | and that death occurred on the date stated above, at 4 ANN m. |
| | The CAUSE OF DEATH* was as follows: |
| | (Duration) yrs. mes. ds. |
| I | Gontributory(Secondary) |
| | (Signed) (Duration) yrs mas ds. (Signed) (Address) (Medlelana) |
| | *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. |
| | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death |
| | usual residence |
| | Still Pour of James 1914 |
| | 20 UNDERTAKER ADORESS OF A |

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laboreradditional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation, using diways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

cause. Aiways qualify all diseases resulting from mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomenciascpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT NEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (niereiy symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig "Contributory." Accidental drowning; Struck by railway train—accioma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can Examples:



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be oarefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESE

V. S. No. 1.

| | PLACE OF DEATH | STATE OF MARYLAND |
|--|--|--|
| C | ounty Cent | CERTIFICATE OF DEATH |
| | 01 + + | Registration Dist. No. 202 |
| V | illage or City This larlown (No, | St.; Ward) [It death occurred to a hospital or institution, |
| | FULL NAME, Mary Q. | Signart give its NAME Instead of street and number.] |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SI | earnale 4 COLOB OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDINACED (Write the word) | (Month) (Day) (Year) HEREBY CERTIFY, That I attended deceased from |
| e D | ATE OF BIRTH May 25 (Month) (Day) (Year) | that I last saw he alive on fun / 2 1914 |
| 7 A | | and that death occurred on the date stated above, at 11.360 m. |
| | 77 yrs. 8 mos. 7 ds. ormin.? | The CAUSE OF DEATH* was ss follows: |
| (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) | | about 2 (Duration) 2 yrs. mos. ds. |
| (8 | RRTHPLACE tate or country) Greland | (Secondary) (Ouration) yrs mos ds. |
| S | 10 NAME OF HENRY Toown | (Signed) 4 Jenge Summo 1. 0. |
| ARENT | 11 BIRTHPLACE OF FATHER (State or country) Dreland | *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT |
| PAR | of Mother Loud Know | TAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, |
| | 13 BIRTHPLACE OF MOTHER (State or country) | At place in the of death yrs, mos ds. State yrs, mos ds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE. | | Where was disease contracted, It not at place of death? |
| | (Address) Chestertown, md. | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| 15 File | ed Jan 15 -, 1914 M. L. Sticks. REGISTRAR | 20 UNDERTAKER JORGESS Co Ferguson Chutarten |
| | If more blanks are needed, address State Registra | r, 6 E. Franklin St., Balto., Requesting V. S. No. 1. |

[Approved by U. S. Census and American Public Health Association.]

who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. statement. Never material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary Arcman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the return "Laborer," "Foreman," (b)

Statement of cause of death—Name, first, the disease causing death—In already affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

"Collapse." "Coma," "Convulsions," "Debility" ("Conmia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PURPPERAL scptichacmus," "Old Age," "Shock," "Uraemla," "Weakness, thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nophritis nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... by carbolic acid-probably suicide. such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the -Hart failure," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never repor ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Meastes (disease causing death), 29 ds. Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," ... (name origin; "Can The nature of the Examples:



W. S. No. 1.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pisin terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD N. B.

| Co | PLACE OF DEATH 712 | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 203 | |
|--|---|--|--|
| Vi | 11age or City Meer Kock of thole, 2 FULL NAME Wilmer Lear | St; Ward) St; Ward) [it death occurred in a hospital or lostitution, give its NAME lostead et street and number.] | |
| - | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3 SE | Male Totale Single, Married, Married, ORDIVORCED (Write the word) | 16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from | |
| | (Month) (Day) (Year) | that I last saw him alive on Jan. 30, 1914 | |
| 7 AG | yrs. / mos. /3 ds. or min.? | and that death occurred on the date stated above, at 2 m, The CAUSE OF DEATH* was as follows: | |
| 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) | | Maroemus Explanation | |
| | | Contributory (Secondary) | |
| TS | 10 NAME OF FATHER HEY bert- Wulson 11 BIRTHPLACE OF FATHER (State or country) Kend- C" Incl. | (Signed) (Si | |
| PAREN | 12 MAIDEN NAME Sarah 2- Kendall | CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) | |
| | 13 BIRTHPLACE OF MOTHER (State or country) Kent- C: Mel | At place in the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, | |
| (Informant) Herbert Welson | | if not at place of death? Former or usual residence | |
| 15 File | d 2/2, 1914 7 B Durding REGISTER | Wesley Chef Wenden 78 2, 1914 20 UNDERTAKER The Property Could Part of BURIAL 20 UNDERTAKER The Property Cock Hall | |
| If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1. | | | |

[Approved by U. S. Census and American Public Realth Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. statement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causino death—In always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

childbirth or miscarriage, as "Purperal scptichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasture of the American Mcdical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) Injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATES state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the genltal," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcastes (disease causing death), 29 affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronic mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mails oma. Surcoma. etc., of Bronchopncumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head (secondary or intercurrent) (name origin: "Can State cause for Never report Examples: d8. :



W. S. No. 1.

15

| ORD | N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. |
|---|---|
| T REC | . PHYS |
| WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD | EXACTLY of stateme |
| A PE | e stated |
| IS IS | hould b |
| NK-TH | AGE s properly |
| DING | suppiled may be |
| UNFA | -Every item of information should be carefully sur CAUSE OF DEATH in plain terms, so that it ma important. See instructions on back of certificate. |
| WITH | erms, se |
| AINLY, | tion she plain t |
| LE PL | Informa EATH in |
| WRIT | item of OF Di |
| | CAUSE Import |
| | Z. |

| | "PLACE OF DEATH 713 ounty Kent "Illage or City near Tuner Carel" "FULL NAME Clinabeth - W | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 20 [if death occorred in a hospital or institution give its NAME instead of street and oumber.] |
|---------|---|--|
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 7 A C | MARRIED MANUEL (Write the word) TE OF BIRTH (Month) (Day) (Year) | and that death occurred on the date stated above, at |
| PARENTS | 10 NAME OF FATHER WY YILGUAN 11 BIRTHPLACE OF FATHER (State or country) Marylowel 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) My MARY MANUAL | Contributory (Secondary) (Secondary) (Secondary) (Secondary) (Secondary) (Signed) State State (Signed) State Condense State (Signed) State Condense State (Signed) State State State (Signed) State State State (Signed) State St |
| | | 19 DIACE OF PURIAL OR REMOVAL |

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

ADDRES6

[Approved by U. 8. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer statement. Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative wealthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinoses

childbirth or miscarriage, as "PUERPERAL septicharmus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial aephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tetanus) injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," (name origin; "Can "Exhaustion," Never report Examples: For vio-



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD V WRITE PLAINLY, WITH UNFADING INK-THIS IS

| | PLACE OF DEATH 714 | STATE OF MARYLAND |
|---|--|--|
| C | ounty Keret | CERTIFICATE OF DEATH |
| | new Lugler neck who | Registration Dist. No. 205 |
| v | illage or City(No(No | St.; Ward) [It death occurred in a hospital or institution, |
| | 0, 4.0. | give its NAME Instead |
| | FULL NAME GEO MILLON | of street and number.] |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SE | | 18 DATE OF DEATH |
| | Wale Cold (Write the word) | (Month) (Day) (Year) |
| 8 D | ATE OF BIRTH | 1 HEREBY CERTIFY That I attended deceased from |
| | Nover Tenson | 1914, to 1914, |
| - | (Month) (Day) (Year) | that I last saw h |
| 7 A C | Dozumbra. If LESS then 1 day,hrs. | and that death occurred on the date stated above, at # m. The CAUSE OF DEATH* was as follows: |
| | yrs. mos. ds. OR mln.? | The CAUSE OF DELL'I was as follows: |
| (a) | CCUPATION Trade, profession, or Harme Rassel | |
| | General nature of Industry. | Porghts Disease |
| bus | ness, or establishmeot in ch employed (or employer) | (Ouration) To free Mos os |
| - | RTHPLACE late or country) | Gontributory CTESMEN (Secondary) |
| (1) | levgnied | (Doration) yrs mos ds. |
| | 10 NAME OF FATHER STANDARD | (Signed) A Benge Sugmon, M. O. |
| S | 11 BIRTHPLACE | Jan 28, 1914 (Address) Chestertown |
| ARENT | (State or country) | *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN- |
| PAR | 12 MAIDEN NAME OF MOTHER | TAL, SUICIDAL, OF HOMICIDAL. |
| | 13 BIRTHPLACE | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place |
| | OF MOTHER (State or country) | of death yrs mos ds. State yrs mos ds. |
| 14 THE ABOVE IS TRUE TO THE BEST, OF MY KNOWLEDGE | | Where was disease contracted, If not at place ot death? |
| (Informant) Leogle my good | | Former or usual residence |
| | (Address) Desperatorion AHD. 3 | 19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL |
| 15 | 9 7, 2 21 | make theer keret to med fan 14. 1914 |
| File | of Jan 30 1913. W. Townsend | 20 UNDERTAKER ADDRESS |

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of iilbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not minc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industy, and therefore an Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," The question "Foreman,"

Statement of cause of death—Name, first, the disease causino death—Name, first, the disease causino death—Name, first, the disease causino death respect to the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar meumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purpereral scepticharmia," "Purpereral peritonitis," etc. State cause for inus," "Old Age," "Shock," "Uraemia," "Weakness," such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Surcoma. etc., of cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skuil, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 de: nant neoplasms) ; Measles; Whooping cough; Chronical ver" is less definite; avoid use of "Tumor" for mailg ture of the American Medicai Association.) "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," (name origin: "Can The nature of the Never report Examples:

